



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E395681**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-00212	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK

TRIBAL RESERVATION	
--------------------	--

DATE OF COLLISION	01	-	23	-	2015	TIME (2400)	1150	COUNTY #	31	MILES		CITY #	0664
-------------------	----	---	----	---	------	-------------	------	----------	----	-------	--	--------	------

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

MARKET PL NE	BLOCK NO.	400
--------------	-----------	-----

DISTANCE		MILES		OF (REFERENCE OR CROSS STREET)	
----------	--	-------	--	--------------------------------	--

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 2607392595
---------	---	--------------------------------------	--	---------------------

LAST NAME	GUST	FIRST NAME	CELIA	MIDDLE INITIAL	J
-----------	------	------------	-------	----------------	---

STREET NEW ADDRESS	10212 4TH PL NE
--------------------	-----------------

CITY	LAKE STEVENS	ST	WA	ZIP	982587974
------	--------------	----	----	-----	-----------

CDL		RESTRICTIONS	B	ENDORSEMENTS	
-----	--	--------------	---	--------------	--

DRIVER'S LICENSE #	GUST* CJ027C4	STATE	WA	SEX	F	D.O.B.	02	-	24	-	1998
--------------------	---------------	-------	----	-----	---	--------	----	---	----	---	------

ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	9	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
---------	--------------------------	--------	--	--------	---	--------	---	-------	---	------------	---	--------------	---	--------------------	--

LICENSE PLATE #	AED7676	STATE	WA	VIN#	JTMBD33V386069201
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	2008	MAKE	TOYT	MODEL	RAV44D	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	--------	-------	----	---	----------	--	---

REGISTERED OWNER INFO. JEFFERY GUST 10212 4TH PL NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	TRAVELERS HOME AND MARINE INS CO 987240730
---	-------------------------	--

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	
---	------------	--------	--



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 3607224904
---------	---	--------------------------------------	-------------------------------------	---	--	---------------------

LAST NAME	SMALLEY	FIRST NAME	ISABELLE	MIDDLE INITIAL	M
-----------	---------	------------	----------	----------------	---

STREET NEW ADDRESS	7730 11TH ST NE
--------------------	-----------------

CITY	LAKE STEVENS	ST	WA	ZIP	982583448
------	--------------	----	----	-----	-----------

CDL		RESTRICTIONS		ENDORSEMENTS	
-----	--	--------------	--	--------------	--

DRIVER'S LICENSE #	SMALLIM047PB	STATE	WA	SEX	F	D.O.B.	10	-	02	-	1996
--------------------	--------------	-------	----	-----	---	--------	----	---	----	---	------

ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	9	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
---------	--------------------------	--------	--	--------	---	--------	---	-------	---	------------	---	--------------	---	--------------------	--

LICENSE PLATE #	ARJ9604	STATE	WA	VIN#	JM1BM1V77E1140329
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	2014	MAKE	MAZD	MODEL	MAZ4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	-------	-------	----	---	----------	--	---

REGISTERED OWNER INFO. DAVID GORDON 7730 11TH ST NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	FIRST NATIONAL INS CO Y7946309
---	-------------------------	--------------------------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	
---	------------	--------	--



OFFICER'S NAME (PRINT)	N. ADAMS #127	BADGE OR ID #	127	AGENCY	WA0311900
------------------------	---------------	---------------	-----	--------	-----------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E395681**

CASE # **15-00212**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		TIBBITS ADALYN J																
ADDRESS & PHONE #		810 84TH DR NE LAKE STEVENS WA 98258						SEX	F	D.O.B. MMDDYYYY	03	-	27	-	1998			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	9	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #								SEX		D.O.B. MMDDYYYY		-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #								SEX		D.O.B. MMDDYYYY		-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

On 01/23/15 at 1151 hours (all times approximate), I responded to a collision at Lundeen Park Way and SR-204 in the city of Lake Stevens.

Vehicle 2 (LIC: ARJ9604) was traveling westbound on Market Pl and about to cross SR-204 to continue westbound on Lundeen Park Way when Vehicle 1 (LIC: AED7676) approached from behind, in the left turn lane to head westbound on SR-204.

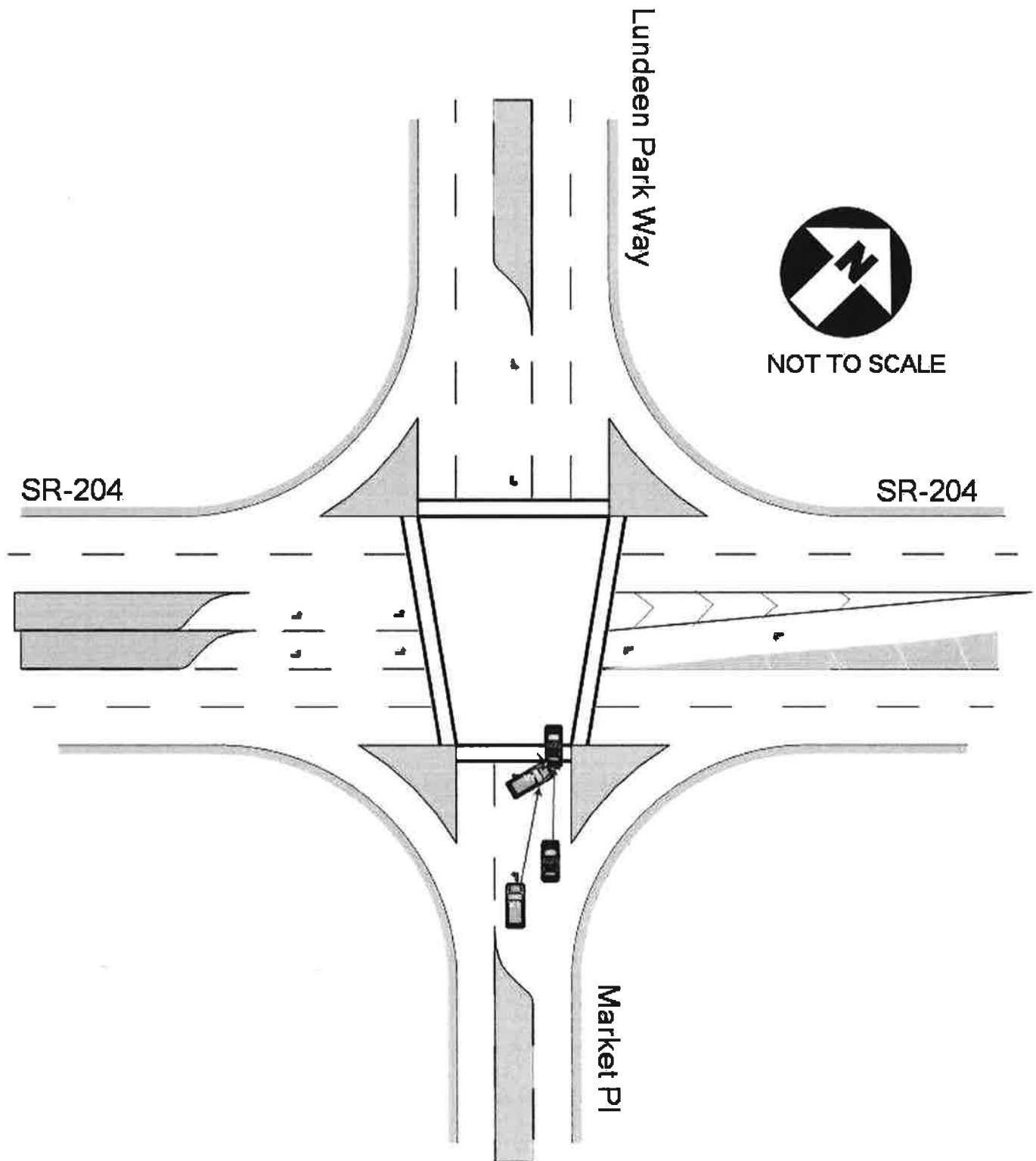
At the last moment Vehicle 1 made a lane change to Vehicle 2's lane (to cross SR-204 and head westbound on Lundeen Park Way) and collided into Vehicle 2.

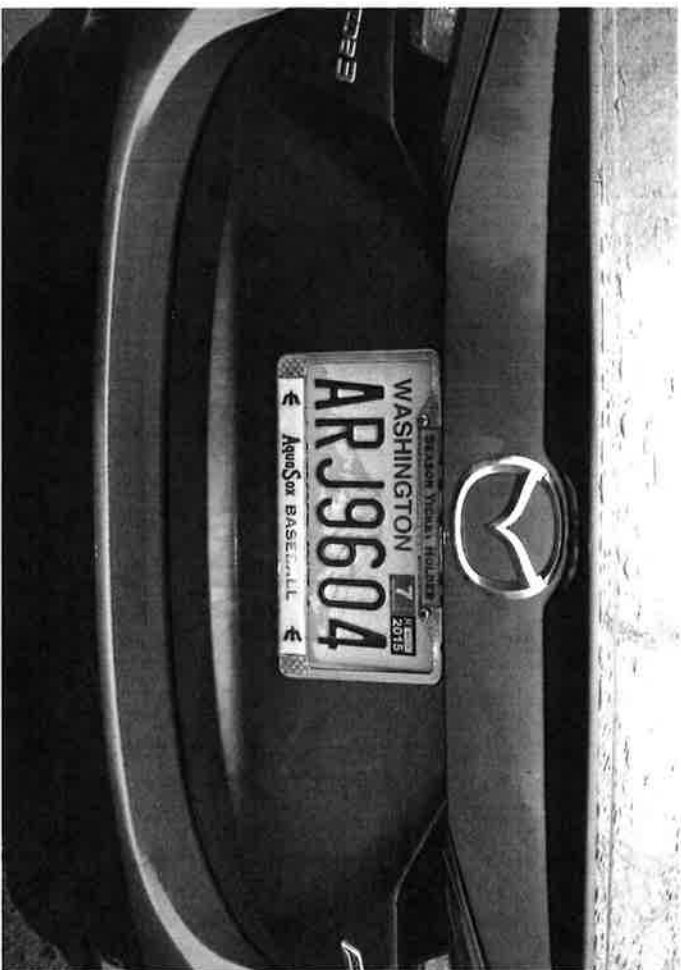
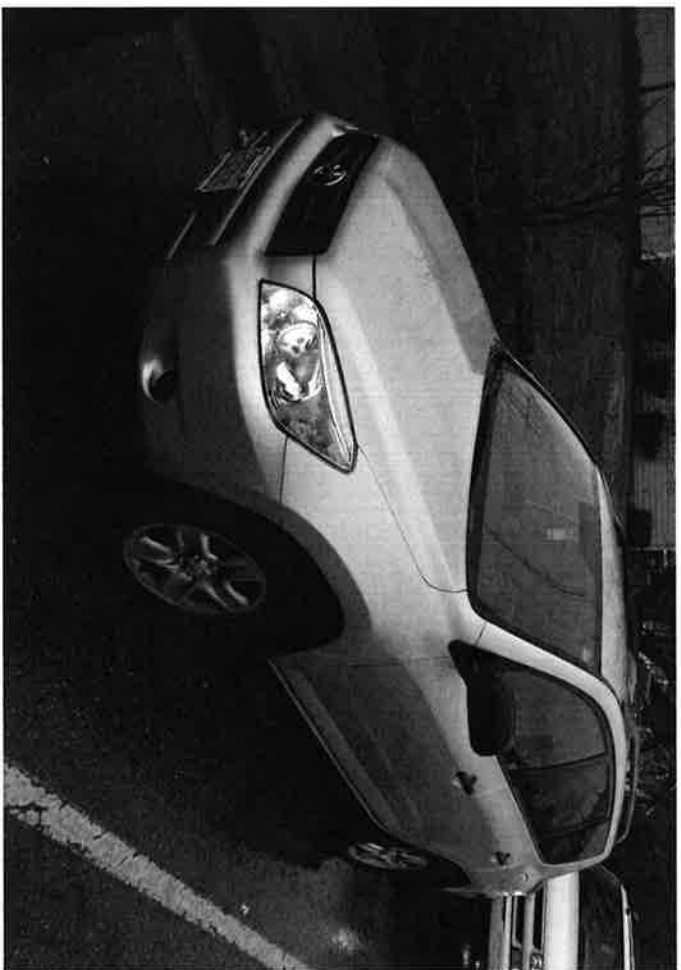
No parties were injured or requested aid.

I took digital photographs of the damaged vehicles, which were later printed and added to the case report and copied to a compact disc and booked into evidence as item #NA1.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

N. ADAMS #127		01-27-15 03:41 PM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY SGT. C. VALVICK 71		DATE 1/27/2015 4:57:04 PM	
BADGE OR ID #	127	ORI #	WA0311900
TIME POLICE DISPATCHED		11:51 AM	TIME POLICE ARRIVED
			11:57 AM







Case # 15-00212

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>Adams #127</i>		Case Number <i>15-00212</i>				
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>Collision</i>		Date/Time: <i>01/23/15 1539</i>				
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkkg will be held for 60 days or 60 days past owner notification						
Item # <i>NAI</i> Action # <i>3</i>	Item <i>CD with pics</i>		Brand Name <i>compucassory</i>		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name <i>LSPD</i>		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>#127</i>								
Item #	Item		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Evidence Control Use Only:								
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/>		Date:		CAD/RMS Checked		ROUTING: _____
Name: _____ # _____		NCIC/WACIC +		Date:		Owner Letter Sent:		White: Property Room
Date: _____ Time: _____		NCIC/WACIC -		Date:		Owner Letter Sent:		Yellow: Case File

Incident History for: #SS15001383

Case Numbers: \$SS15000212

Entered 01/23/15 11:50:07 BY SPCT04 SP0298
Dispatched 01/23/15 11:51:32 BY SPSC39 SP0194
Enroute 01/23/15 11:51:32
Onscene 01/23/15 11:57:07
Closed 01/23/15 12:21:57

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 377D-7 Group: SS1 Beat: WEST

Src: T

Loc: LUNDEEN PARK WY/SR 204 , LKS (V)

Loc Info:

Name: SMALLEY, ISABEL

Addr:

Phone: 3607224904

/1150 (SP0298) ENTRY , CC, LT BLU MAZDA 3 VS SIL TOYT RAV4, NON INJ, NO
N BLKG , PULLED OVER ON TO VERNON
/1151 (SP0194) DISPER 19D2 #SS127 ADAMS, OFFICER (NATHAN)
/1157 (SS127) *ONSCNE 19D2
/1204 *ASNCAS 19D2 \$SS15000212
/1211 REMINQ 19D2 MDTWANT, SMALLEY, ISABELLE, M, 100296, , , WA, , , , , , , ,
, , , ,
/1211 REMINQ 19D2 MDTWANT, GUST, CELIA, J, 022498, , , WA, , , , , , , , , ,
/1221 (SP0100) CLEAR 19D2 D/H
/1221 CLOSE 19D2